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**SCULLY, SCOTT, MURPHY
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CENTRAL FAX CENTER****MAR 18 2004****To:** Examiner Ginette Peralta
Art Unit: 2814**From:** Leslie S. Szivos, Ph.D.**Fax:** 703-872-9306**Pages:** 17 including cover sheet**Phone:****Date:** 3/18/2004**Re:** David M. Fried, et al.
U.S. Patent Appln. No. 09/683,328
Our Docket: BUR920010171US1 (15017)**CC:****XX Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

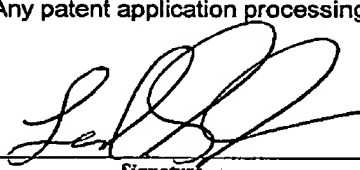
Dear Sir:

The following is attached hereto:

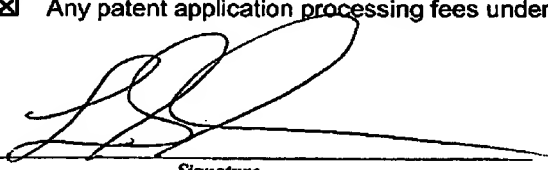
1. Amendment Transmittal in duplicate
2. Amendment under 37 CFR 1.111
3. Certificate of Facsimile

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AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. BUR920010171US1 (15017)	
Applicant(s): David M. Fried, et al.					
Serial No. 09/683,328	Filing Date 12/14/2001	Examiner Ginette Peralta		Group Art Unit 2814	
Invention: IMPLANTED ASYMMETRIC DOPED POLYSILICON GATE FinFET					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	25 -	28 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0456/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <div style="display: flex; justify-content: space-between; align-items: center;"><div style="text-align: center;"> _____ <i>Signature</i></div><div>Dated: March 18, 2004</div></div> <div style="display: flex; justify-content: space-between;"><div>Leslie S. Szivos Registration No. 39,394 Customer No. 23389</div><div style="border: 1px solid black; padding: 5px; width: 300px;"><div style="border-bottom: 1px solid black; padding-bottom: 5px;">I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;"><i>Signature of Person Mailing Correspondence</i></div><div style="border-bottom: 1px solid black; padding-bottom: 5px; text-align: center;"><i>Typed or Printed Name of Person Mailing Correspondence</i></div></div></div> <div style="margin-top: 10px;">CC:</div>					

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INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<div style="margin-top: 20px;"><input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 09-0456/IBM <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div> <div style="margin-top: 20px;"> _____ Signature</div> <div style="margin-top: 10px;">Dated: March 18, 2004</div> <div style="margin-top: 10px;">Leslie S. Szivos Registration No. 39,394 Customer No. 23389</div> <div style="margin-top: 20px;">cc:</div> <div style="border: 1px solid black; padding: 5px; margin-top: 20px;"><div style="text-align: center;"><input checked="" type="checkbox"/> I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.</div><div style="text-align: center; margin-top: 10px;">_____ Signature of Person Mailing Correspondence</div><div style="text-align: center; margin-top: 10px;">_____ Typed or Printed Name of Person Mailing Correspondence</div></div>					

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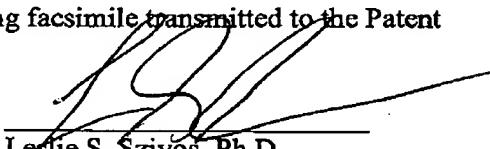
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**RECEIVED
CENTRAL FAX CENTER****Applicant(s):** David M. Fried, et al.**Examiner:** Ginette Peralta**MAR 18 2004****Serial No:** 09/683,328**Art Unit:** 2814**Filed:** December 14, 2001**Docket:** BUR920010171US1 (15017)**For:** IMPLANTED ASYMMETRIC DOPED
POLYSILICON GATE FinFET**Dated:** March 18, 2004**OFFICIAL****Confirmation No.:** 8627Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**RESPONSE UNDER 37 C.F.R. § 1.111**

Sir:

In response to the Office Action dated December 18, 2003, applicants submit the following amendments and remarks for entry of record in the above-identified patent application.

CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that this paper is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Dated: March 18, 2004
Leslie S. Szivos, Ph.D.